

<p style="text-align: center;">SAMPLE LETTER REQUIRING A MEDICAL EXAMINATION</p>
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[NOTE: All footnotes and brackets below contain supervisory instructions and should not be included in the final letter. All letters medical documentation are to be reviewed by an Employee Relations Specialist in the Personnel Office prior to issuance. See instructions in Chapter 2 regarding supervisory-maintained personnel records.]

Mr. M. Ploy
1234 SW 5th Street
Burbank, OR 97223

Dear M.,

As I informed you on September 16, 20__, you are scheduled to report for a medical examination with Dr. P. Achdee on October 10, 20__, at 1:00 p.m. Her office is located at [address]. Her telephone number is [telephone number].

This examination is required in order to obtain specific medical documentation that will assist us in determining your physical/medical limitations [state the reason that the examination is being required¹, as in the following examples:]

- in light of the many injuries you have sustained on the job over the past few years, and the fact that you have applied for [and/or have received] compensation for your injuries.
- with regard to the physical requirements of your fire fighter [or law enforcement, etc.] job duties.

You must submit to this examination or face disciplinary action.²

You are entitled to use official time to travel to and from the doctor's office and for the examination. You are also entitled to reimbursement of travel expenses for your trip to Portland. The Fish and Wildlife Service will pay for the examination. Billing instructions have been/will be sent to [physician]. We will also forward [physician] a copy of your signed consent for release of information³, a summary of your duties and all medical documentation you have submitted thus far [if applicable].

¹ 5 CFR 339 requires that the employee be notified of the reasons the medical examination is necessary.

² The CFR also requires that the employee be notified of the consequences of failure to report for the medical examination.

³ A Consent for Release of Information Form (Form 3-2047) is located in Exhibit 1 of 227 FW 4. You can also obtain Form 3-2047 by calling the Employee Relations Specialist in the Personnel Office. In the case of a job-related injury, a

November 2001

You may submit to me additional medical documentation from your own physician at any time, and I will consider it⁴. If you have additional medical documentation you wish [physician] to see, please provide it to me by Thursday of this week, so I can forward it before your appointment on [date].

Sincerely,

Mr. Soupy R. Visor

Consent form may be used, but is not required. Representatives of the Service are authorized by 20 CFR 10.207(c) to obtain from the employee or his/her physician any and all information related to a claim for and/or receipt of compensation for any job-related injury or disease.

⁴ The CFR also requires that the employee be informed of his/her right to submit medical documentation from his/her own physician, and of the Service's obligation to consider the information.

November 2001